MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	10/534157

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51		/				
2								52		/				
3								53		/				
4								54		/				
5								55		/				
6								56		/				
7								57		/				
8								58		/				
9								59		/				
10								60	/	/				
11								61		/				
12								62		/				
13								63	/	/				
14								64		/				
15								65		/				
16								66		/				
17								67		/				
18								68		/				
19								69		/				
20								70		/				
21								71		/				
22								72		/				
23								73		/				
24								74	/					
25								75		/				
26								76		/				
27								77	/					
28								78		/				
29								79		/				
30								80		/				
31								81		/				
32								82	/					
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34								84		/				
35								85	/					
36								86		/				
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46	/							96						
47		/						97						
48		/						98						
49		/						99						
50		/						100						
TOTAL IND.	↓		↓		↓			TOTAL IND.	6	↓		↓		↓
TOTAL DEP.	←		←		←			TOTAL DEP.	35	←		←		←
TOTAL CLAIMS								TOTAL CLAIMS	41					

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